

**INTERGOVERNMENTAL PERSONNEL ACT AGREEMENT****INSTRUCTIONS**

- This agreement constitutes the written record of the obligations and responsibilities of the parties to a temporary assignment arranged under the provisions of the Intergovernmental Personnel Act of 1970, 5 CFR 334 and 3 FAM 2416.
- The term, State/Local Government or "Other" Organization, when appearing on this form, also refers to an institution of higher education, an Indian tribal government, and any other eligible organization.
- A copy of the completed and signed agreement should be retained by each signatory. The final agreement is filed on the left-hand side of the employee's Official Personnel Folder (OPF).
- Use the continuation sheet at page 5 when additional space is needed to respond to the question(s).

**PART 1: NATURE OF THE ASSIGNMENT**

Initial assignments, modifications, and all extensions require the approval of the Under Secretary for Management (M) or Designee.

1. ☐ New Agreement ☐ Modification ☐ Extension

**PART 2: INFORMATION ON PARTICIPATING EMPLOYEE**

2. Name (Last, First, MI)

3. Social Security Number

4. Home Address (Street, City, State, Zip Code)

5a. Have you ever been on IPA assignment? ☐ Yes ☐ No

5b. If yes, please provide the dates of each assignment (mm-dd-yyyy)

From \_\_\_\_\_ To \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_

**PART 3: PARTIES TO THE AGREEMENT**

6. Identify U.S. Department of State (Office/Bureau which is party to the agreement)

7. Identify State/Local Government or "Other" Organization

8. Is assignment being made through a faculty fellows program? ☐ Yes ☐ No If yes, specify program below.

**PART 4: POSITION DATA****A - POSITION CURRENTLY HELD**

9. Employment Office Name and Address (Building, Street, City, State, ZIP)

10. Employee's Position Title

11. Office Phone Number (Area Code)

12. Immediate Supervisor (Name and Title)

**B - TYPE OF CURRENT APPOINTMENT**

13. Federal Employee (Check Appropriate Box)

Specify Type of Appointment

- ☐ Excepted Service  
☐ Career or Career Conditional  
☐ Career Senior Executive Service

Indicate GS/GM/SES Grade, Level and Step and Rate of Basic Pay

14. State/Local Government or "Other" Employees

State/Local Government Salary or "Other" Organization Salary

Original Date Employed by the State/Local Government or "Other" Organization (mm-dd-yyyy)

**C - POSITION TO WHICH ASSIGNMENT WILL BE MADE**

15. Employment Office Name and Address (Building, Street, City, State, ZIP)

16. Assignee's Position Title and Position Description Number

17. Office Phone Number (Area Code)

18. Immediate Supervisor (Name and Title)

**PART 5: TYPE OF ASSIGNMENT**

19. Check Appropriate Box

- ☐ On detail from U.S. Department of State
- ☐ On leave without pay from U.S. Department of State
- ☐ On detail to U.S. Department of State (*non-Federal employee*)
- ☐ On appointment in U.S. Department of State (*non-Federal employee*)

20. Period of Assignment (*mm-dd-yyyy*)

From \_\_\_\_\_ To \_\_\_\_\_

**PART 6: REASON FOR MOBILITY ASSIGNMENT**

21. Indicate the reasons for this mobility assignment and discuss how the work will benefit the participating organizations. In addition, indicate how the employee will be utilized at the completion of this assignment.

**PART 7: POSITION DESCRIPTION**

22. List the major duties and responsibilities to be performed while on the mobility assignment. Attach an accurate and current description of the position being filled through the IPA assignment.

**PART 8: EMPLOYEE BENEFITS**

23. Rate of Basic Pay

24. Special Pay Conditions (*Indicate any conditions that could increase the assigned employee's compensation during the assignment period.*)

25. Leave Provisions (*Indicate the annual and sick leave benefits for which the assigned employee is eligible. Specify the procedures for reporting, requesting and recording such leave.*) Identify, where appropriate, the office to which time and attendance records should be sent.

**PART 9: FISCAL OBLIGATIONS****IDENTIFY, WHERE APPROPRIATE, THE OFFICE TO WHICH INVOICES SHOULD BE SENT. (BLOCKS 26 OR 27)**

26. U.S. Department of State Obligations *(If paying more than 50 percent of a Federal employee's salary beyond a 6-month period, specify rationale for cost-sharing decision.)*

27. State/Local Government or "Other" Organization or Agency Obligations

**PART 10: CONFLICTS OF INTEREST AND EMPLOYEE CONDUCT**

- ☐ 28. Applicable Federal, State/Local Government or "Other" Organization conflict-of-interest laws have been reviewed with the employee to assure that conflict-of-interest situations do not inadvertently arise during this assignment.
- ☐ 29. The employee has been notified of laws, rules and regulations, and policies on employee conduct which apply while on this assignment.

**PART 11: BENEFIT OPTIONS**

30. A U.S. Department of State employee on detail to a State/Local Government or "Other" Organization shall retain all benefits pertaining to Health, Life Insurance and Medicare. A U.S. Department of State employee on leave without pay to State/Local Government or "Other" Organization may retain Health, Life Insurance, and Medicare coverage if he or she continues to pay the employee contribution through the U.S. Department of State.

A. Federal Retirement System Coverage *(FERS, CSRS, CSRS OFFSET)*

- ☐ I wish to retain my coverage and make appropriate payments.
- ☐ I do not wish to retain my coverage.

B. Federal Life Insurance Coverage *(FEGLI)*

- ☐ I wish to retain my coverage and make appropriate payments.
- ☐ I do not wish to retain my coverage.

C. Federal Health Benefits Coverage *(FEHB)*

- ☐ I wish to retain my coverage and make appropriate payments.
- ☐ I do not wish to retain my coverage.

31. State/Local Government or "Other" Organization Benefits *(Indicate all State/Local Government or "Other" Organization employee benefits that will be retained by the State/Local Government or "Other" Organization employee being assigned to the U.S. Department of State. Also include a statement certifying coverage in all State/Local Government or "Other" Organization employee benefit programs that are elected by the U.S. Department of State employee on leave without pay from the U.S. Department of State to a State/Local Government or "Other" Organization.)*

32. Other Benefits *(Indicate any other employee benefits to be made part of this agreement.)*

**PART 12: TRAVEL AND TRANSPORTATION EXPENSES AND ALLOWANCES**

33. Indicate (1) Whether the Bureau/Office in the U.S. Department of State or State or Local government or "Other" organization will pay travel and transportation expenses to, from, and during the assignment as specified in 3 FAM 2416, and (2) which travel and relocation expenses will be included.

**PART 13: EMPLOYEE CERTIFICATION OF OBLIGATIONS AND RESPONSIBILITIES**

34. In checking appropriate boxes and signing this agreement in block 35 below, I certify that I understand the terms of this agreement and agree to the rules, regulations and policies as indicated.

- ☐ A. The rules and policies governing the internal operation and management of the agency to which my assignment is made under this agreement will be observed by me.
- ☐ B. I have been informed that my assignment may be terminated at any time at the option of the U.S. Department of State or State or Local government or "Other" organization.
- ☐ C. I have been informed that any travel and transportation expenses covered from U.S. Department of State appropriations may be recoverable as a debt due the United States, if I do not serve until the completion of my assignment (*unless terminated earlier by either employer*).
- ☐ D. I have been informed of applicable laws or provisions should my position with my permanent employer become subject to a reduction-in-force.
- ☐ E. (*For U.S. Department of State employees only*) I agree to serve with the U.S. Department of State upon the completion of my assignment for a period equal to that of my assignment. Should I fail to serve the required time, I have been informed that I may be liable to the U.S. Department of State for all expenses (*except salary and benefits*) of my assignment.
- ☐ F. I have been notified of possible impact pertaining to retirement health and life insurance benefits depending on the type of assignment, e.g., detail, leave without pay.

35. Typed Name and Signature of Employee

Date of Signature (*mm-dd-yyyy*)

36. Typed Name, Title, and Signature of Recommending Official (*Supervisor*)

Date of Signature (*mm-dd-yyyy*)

**PART 14: CERTIFICATION OF APPROVING OFFICIALS**

In approving this agreement, you certify that:

- the description of duties and responsibilities is current and fully and accurately describes those of the assigned employee; and
- this assignment is being entered into to serve a sound, mutual public purpose and not solely for the employee's benefit; and
- at the completion of the assignment, the participating employee will be returned to the position he or she occupied at the time this agreement was entered into or a position of like grade and pay.

**37. BUREAU ASSISTANT SECRETARY OR DESIGNEE**

☐ Approved ☐ Disapproved

Typed Name, Title, and Signature

Date of Signature (*mm-dd-yyyy*)

**38. STATE/LOCAL GOVERNMENT OR "OTHER" ORGANIZATION APPROVING**

☐ Approved ☐ Disapproved

Typed Name, Title, and Signature

Date of Signature (*mm-dd-yyyy*)

**39. UNDER SECRETARY FOR MANAGEMENT (M) OR DESIGNEE**

☐ Approved ☐ Disapproved

Typed Name, Title, and Signature

Date of Signature (*mm-dd-yyyy*)

## CONTINUATION SHEET

Use this page as a continuation sheet. Indicate the number of the question and then provide the corresponding information: